## **AUTHORIZATION**

	STATE AID		
Does Your Library Wish To Apply For State Support?		Yes □	No □
DEDO	RT COMPLETED BY		
This Report Has Been Completed by:	KT COMPLETED BY		
Name	Position		Date
	CERTIFICATION		
I hereby certify that to the best of my kno		on contained	in the Annual
Report of Public Libraries - Application F	or State Support is tr	ue for	
MONROE	County for the	e fiscal year e	nding June 30, 2019
President/Chair, Library Box	ard		Date Signed
Notary (Notary cannot be a signatory for any	other position on this	page)	My Commission Expires
	ERTIFIED ANNUAL R	EPORT	
I Hereby Acknowledge Receipt of Certifie	ed Annual Report		
	County Clerk		
	ntv Judge Executive		